CARPAL TUNNEL QUESTIONNAIRE

Name _______________________________________ Number __________ Date ______________

How severe is the hand or wrist pain that you have at night?
☐ I do not have hand or wrist pain at night
☐ Mild pain
☐ Moderate pain
☐ Severe pain
☐ Very severe pain

How often did hand or wrist pain wake you up during a typical night in the past two weeks?
☐ Never
☐ Once
☐ Two or three times
☐ Four or five times
☐ More than five times

Do you have weakness in your hand or wrist?
☐ No weakness
☐ Mild weakness
☐ Moderate weakness
☐ Severe weakness
☐ Very severe weakness

How severe is the numbness (loss of sensation) or tingling at night?
☐ I have no numbness or tingling at night
☐ Mild
☐ Moderate
☐ Severe
☐ Very severe

How often did hand numbness or tingling wake you up during a typical night during the past two weeks?
☐ Never
☐ Once
☐ Two or three times
☐ Four or five times
☐ More than five times

Do you have tingling sensations in your hand?
☐ No tingling
☐ Mild tingling
☐ Moderate tingling
☐ Severe tingling
☐ Very severe tingling

How severe is the numbness (loss of sensation) or tingling at night?
☐ I have no numbness or tingling at night
☐ Mild
☐ Moderate
☐ Severe
☐ Very severe

How often did hand numbness or tingling wake you up during a typical night during the past two weeks?
☐ Never
☐ Once
☐ Two or three times
☐ Four or five times
☐ More than five times

Do you typically have pain in your hand or wrist during the daytime?
☐ I never have pain during the day
☐ I have mild pain during the day
☐ I have moderate pain during the day
☐ I have severe pain during the day
☐ I have very severe pain during the day

How severe is the numbness (loss of sensation) or tingling at night?
☐ I have no numbness or tingling at night
☐ Mild
☐ Moderate
☐ Severe
☐ Very severe

How often did hand numbness or tingling wake you up during a typical night during the past two weeks?
☐ Never
☐ Once
☐ Two or three times
☐ Four or five times
☐ More than five times

Do you have difficulty with the grasping and use of small objects such as keys or pencils?
☐ No difficulty
☐ Mild difficulty
☐ Moderate difficulty
☐ Severe difficulty
☐ Very severe difficulty

How long on average does an episode of pain last during the daytime?
☐ I never get pain during the day
☐ Less than 10 minutes
☐ 10 to 60 minutes
☐ Greater than 60 minutes
☐ The pain is constant throughout the day

Do you have numbness (loss of sensation) in your hand?
☐ No
☐ I have mild numbness
☐ I have moderate numbness
☐ I have severe numbness
☐ I have very severe numbness


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